## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000089053 COSMOS SERVICES CORP. 04-25-2001 91001 032 \*\*\*150.00 Principal Place of Business Mailing Address 201 RACQUET CLU RD. SUITE N-107 201 RACQUET CLU RD. SUITE N-107 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0872433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCOVIG, LUIS Street Address (P.O. Box Number is Not Acceptable) 201 RACQUET CLU RD, SUITE N-107 WESTON FL 33326 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** ☐ Delete TITLE Change Addition TITLE FRANCOVIG. LUIS NAME STREET ADDRESS 201 RACQUET CLU RD, SUITE N-107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with argaddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

954-217-0370

Date

Daytime Phone #

CR2E034 (10/00)